

New Habits Adaptation Associated with the Mental Health among Tourism Drivers During Covid-19 Pandemic

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Abstract

Background: Increased mental health problems during the Covid 19 pandemic. **Objective:** This research aims to find the relationship between the Adaptation of New Habits and the mental health of tourism drivers during the Covid-19 pandemic. **Method:** Correlation quantitative descriptive research design with a cross-sectional approach. The population is the tourism driver United Bali Driver a total of 545 people, a total sample of 231 people using the Slovin formula with the purposive sampling method. The measuring instrument used is the New Habits Adaptation and SRQ questionnaires. Data analysis using rank spearman test. **Result:** Mental health showed emotional and mental disorders, psychotic disorders, and Post-traumatic stress disorder. Test results of the New Habit Adaptation variable analysis with cognitive and emotional disorders p value 0.004 (p 0.05). Variable Adaptation to New Habits with psychotic disorders p value 0.700 (p≥0.05). Variable Adaptation to New Habits with Post-traumatic stress disorder p value 0.700 (p≥0.05). **Conclusion:** There is a relationship between the Adaptation of New Habits with Mental and Emotional Disorders. This is due to the same perception and feeling about the stressor experienced. There is no relationship between Adaptation to New Habits with Psychotic Disorders and Post Traumatic Stress Disorder. **Recommendation:** This is due to problems that were felt to have occurred before the Covid-19 pandemic. It is advisable to adopt new habitual adaptations to maintain mental health

Keywords: Adaptation of new habits, mental health, Covid 19

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INTRODUCTION

The importance of health needs to be maintained, not only physical health but also mental health. These two things are very interrelated. Ignorance of health raises problems, one of which is mental health problems. Data in the world shows mental health problems, namely 0.7-1% of the total population in the world experiencing schizophrenia (1).

The World Health Organization data also shows that there are 450 million people with mental health problems, of which 21 million have schizophrenia (2). Data in Indonesia shows that mental health problems have increased from Riskesdas 2013 to Riskesdas 2018, which are 1.7 per 1000 population to 7 per 1000 population with schizophrenia. Data in Bali itself has also increased from 2.3 per 1000 population to 11 per 1000 population with schizophrenia. In fact, Bali ranks first in Indonesia with mental health problems (2).

Mental health issues are also a concern during the Coronavirus disease (Covid 19) pandemic. The Covid-19 pandemic is affecting mental health (3). The perceived mental health problems are anxiety, depression, and trauma (4). The impact of the COVID-19 pandemic has caused unrest, leading to increased mental health problems in various fields, one of which is tourism. A previous study mentioned that the Covid-19 pandemic significantly impacted the tourism sector (5). Another study also noted that due to the Covid 19 pandemic, there were layoffs in the tourism sector, especially in the hospitality sector and tourism drivers. Based on ten types of work subject to employment termination, the profession as a tourism driver ranks second with an incidence rate of 7.3%. Termination of employment causes an increase in the unemployment rate, resulting in an inability to meet the needs and daily life of both oneself and one's family. This feeling causes mental health problems (6).

One of the services that work as a tourism driver in Bali is the United Bali Driver (UBD), with 545 members. Based on an interview with the head of UBD said that 80% lost their jobs, no tourists came, and no income. They feel stressed, anxious, and tired of facing this condition because they also have needs that

must be met for themselves and their families (7). The emergence of mental health problems during the Covid-19 pandemic can be influenced by various factors, one of which is Adaptation to New Habits. Adaptation is an attempt to adjust to the environment (8). A study stated that adapting new habits affects and can be related to mental health, as an adaptation of new habits teaches how to adjust and maintain physical and psychological health. Adapting new habits can provide psychosocial mental health support covid 19 (9).

Research results by Fidiansjah (2020) show that respondents who adapt to new habits with good behavior are 57.10%. Gender, attitudes, infrastructure, and frequency of seeking information play a role in encouraging new habit adaptation behavior (3). The results of other studies show that the factors that affect the mental health of nurses during the covid-19 pandemic are age, gender, married, having children, having the elderly, and working in risky places. The influencing situational factors are exposure risk, social support, personal protective equipment, stigma, and workload (10). No research has yet been found that shows a relationship between adaptation to new habits and mental health, but several studies have shown how to adapt to new habits and how mental health conditions were experienced during the Covid 19 pandemic. Based on this, it is necessary to research the relationship between new habit adaptation and the mental health of tourism drivers during the covid 19 pandemic

OBJECTIVE

The study aimed to determine the relationship between adopting new habits and mental health

METHODS

Research design

This is a descriptive quantitative correlation research with a cross-sectional approach, where in this study, data collection was carried out at one time. Once there is no follow-up or intervention, where to look for the relationship between the independent and dependent variables?

Sample, samples size, sampling technique

The research was conducted in Denpasar. The population in this study were all United Bali Driver tourism drivers totaling 545 people. The sample in this study was the United Bali Driver tourism driver, with a total sample of 231 people calculated using the Slovin formula

$$n = \frac{N}{1 + N(d)^2}$$
$$n = \frac{545}{1 + 545(0,05)^2}$$
$$= 231$$

The inclusion criteria were respondents who were willing and signed the informed consent. In contrast, the exclusion criteria included respondents who had impaired verbal communication and could not read and write. The sampling method is purposive sampling

Measurement and data collection

The Adaptation of New Habits questionnaire measured adaptation variables to new habits. The SRQ (Self-Reporting Questionnaire) measures mental health, a standard measuring instrument, so that validity and reliability tests are not carried out, which are standard measuring tools (9). The New Habit Adaptation Assessment uses "yes" (score 1)? and "no" (score 0) statements which are categorized into good and not good. Assessment of mental health conditions is based on the interpretation of the SRQ questionnaire by adding up the "yes" answers obtained from each filling out of the questionnaire questions. This instrument produces a score range of 0 - 29 resulting from 29 ordinal statement items filled with yes (score 1) and no (score 0) answers. Measurement of mental-emotional disorders anxiety and depression has a cut-off point of 6, which means if there are at least 6 yes answers on items 1-20, then there is anxiety and depression. The drug category has a cut-off point of 1, which is in item 21, and psychotic drugs have a cut-off point of 1, contained in items 22-24. whereas PTSD has a cut-off point of 1, which means if there is at least one yes answer on items 25-29, then it has PTSD

disorder. The research was conducted online using a google form, starting from April - June 2022

Data collection process

The researcher explained the purpose of the research to the respondents. Provide a sheet of application and approval as a respondent. All respondents are willing to participate in this study. Respondents were asked to complete the New Habit Adaptation and SRQ questionnaires via Google form. During the implementation, pay attention to health protocols by keeping your distance, wearing a mask, and washing your hands.

Data analysis

In this study, the adaptation variable to new habits uses an ordinal data scale, and mental health variables use an ordinal data scale. Based on the data scale, a category scale, the data analysis used is the rank spearman test

Ethical considerations.

In this study, the researcher asked for the respondent's consent for their willingness to be a respondent. The researcher has also received a recommendation from the Research Ethics Commission of the Bali Institute of Technology and Health (ITEKES) information on ethical feasibility Number 04.0309/KEPITEKES-BALI/III/2022 dated March 16th, 2022, which is declared "Ethical Eligible."

RESULTS

Table 1 shows that most of the adaptations to new habits are in a suitable category, with 201 people (87%), 9 people (3.9%) experiencing mental or emotional disorders, one person (4%) experiencing psychotic disorders, and one person (4%) experiencing post-traumatic stress disorder

Table 1. Distribution of Adaptation to New Habits and Mental Health

Variable		Frequency (n)	Percentage (%)
New Habits Adaptation	Not good	30	13
Emotional Mental Disorder	Good	201	87
	With Emotional Mental Disorder	9	3.9
	Health people	222	96.1
Psychotic Disorder	With Psychotic Disorder	1	0.4
	Health people	230	99.6
Post-Traumatic Stress Disorder (PTSD)	With Post Traumatic Stress Disorder	1	0.4
	Health people	230	99.6
total		231	100

Table 2 shows the adaptation of new habits in the good category in healthy people, as many as 196 people (84.85%). Based on p-value<005, there is a relationship between adaptation of new habits and mental and emotional disorders.

Table 2. Relationship between Adaptation of New Habits and Mental-Emotional Disorders

Variable	Emotional Mental Disorder				Total		p Value
	With Emotional Mental Disorder		Health people		n	%	
New Habits Adaptation	n	%	n	%	n	%	
Not Good	4	1.73	26	11.26	30	12.99	0.004
Good	5	2.16	196	84.85	201	87.01	
Total	9	3.90	222	96.10	231	100.00	

Table 3 shows a p-value of 0.700 > 0,05, then there is no relationship between adaptation of new habits and psychotic disorders

Variable	Psychotic Disorder				Total		p Value
	With Psychotic Disorder		Health people		n	%	
New Habits Adaptation	n	%	n	%	n	%	
Not Good	0	0.00	30	12.9	30	12.99	0.700
Good	1	0.43	200	86.58	201	87.01	
Total	1	0.43	230	99.57	231	100.00	

Table 4. Relationship between Adaptation to New Habits and Post Traumatic Stress Disorder Based on Table 4 shows that there is no relationship between adaptation to new habits and post-traumatic stress disorder

Variable	Post-Traumatic Stress Disorder				Total		p Value
	With Post Traumatic Stress Disorder		Health people		n	%	
New Habits Adaptation	n	%	n	%	n	%	
Not Good	0	0.0	30	12.9	30	12.9	0.700
Good	1	0.4	20	86.5	201	87.0	
Total	1	0.4	23	99.5	231	100.00	

DISCUSSION

The results showed that adapting new habits to tourism drivers was mostly in the good category of 87%. Efforts are made to increase physical immunity by eating nutritious food, drinking at least 2 liters of water, sports, sunbathing, resting, and getting enough sleep for at least 7-8 hours. Efforts to maintain mental health: relaxing physical exercise, keeping emotions, positive thinking, positive behavior, maintaining positive relationships, and spirituality. Tourism drivers have also appeared by washing hands with soap in running water, wearing masks, avoiding

crowds, cleaning cellphones, and practicing good sneezing and coughing etiquette.

Respondents also faced a problem calmly, took a deep breath, looked for valid sources of information about COVID-19, and took action as recommended by the government. Creating a calm atmosphere in the family by creating a happy one, knowing every problem in the family, caring for each other among family members, using health service facilities and doing cooperation, doing good and caring for each other in the fellow living environment. This data is supported by the theory, which states that the adaptation of new habits is an adaptation to the environment due to the COVID-19 pandemic to maintain physical and mental health (9). This theory is proven by other articles regarding the transformation of new habits, including improving physical health and mental health and preventing the transmission of Covid 19 by improving psychosocial health (11).

Adaptation to new habits is an adaptation of how to live productively in the era of the COVID-19 pandemic, maintaining social and individual norms in daily life (12). A qualitative study also showed the adaptation of new habits by implementing health protocols such as wearing masks, washing hands, maintaining cleanliness, maintaining distance, and avoiding crowds (13). Another study also showed that respondents with adapting new habits in the good category were 57.10%. This happened because 91% of the people wore masks. Besides that, 42.9% of people kept their distance, 76.4% washed their hands with soap, 63.2% brought hand sanitizer when traveling, 37% carried a spare mask when traveling, 48.3% left the house if there was an urgent need and 77.9% apply cough etiquette (14). The researcher believes that the community has carried out the application of adaptation to new habits because they have the same perception of maintaining health and avoiding bad things.

Data from research on mental health using the SRQ questionnaire showed that 3.9% had symptoms of mental-emotional disorders, 0.4% showed signs of psychotic disorders, and 0.4% showed symptoms with Post Traumatic Stress Disorder. This data aligns with an article showing mental health measures regarding anxiety, emotional and mental disorders,

psychotic disorders, and Post Traumatic Stress Disorder (15). Data from research results from 231 respondents show that nine people experience Mental Emotional disorders (3.9%), meaning that for every 25 people there, 1 has mental or emotional disorders. Signs of symptoms with emotional and mental disorders that appear are frequent headaches, tired quick, tiredness all time, and stomach pains. This data is supported by the theory that mental and emotional disorders are conditions of psychological distress in individuals. This condition can be cured if the individual can overcome it, and if the individual cannot overcome it, it will lead to different conditions, such as anxiety (9). World Health Organization (2000) states that people with mental and emotional disorders experience decreased interest, enthusiasm, concentration, fatigue, and sleep disturbances (16). A study shows anxiety in mothers with children aged 6-11 years whose children will receive the Covid 19 vaccine (17). The results of other studies also show that there is anxiety in families who have family members with mental disorders during the Covid 19 pandemic (18). It is also supported by the results of other studies that anxiety is also experienced by mothers whose children are hospitalized (19). Researchers believe that anxiety is one part of mental-emotional disorders whose incidence has increased during the Covid-19 pandemic.

A study result also showed that 33.3% of clients with emotional and mental disorders were in quarantine homes with symptoms of tension and neglected daily activities during the Covid-19 pandemic (20). Mental and emotional conditions are also experienced by junior high school students due to smartphone addiction, whereas from a number of 127 respondents, 49 experienced mental-emotional diseases (38.6%) (21). This study surveyed respondents who experienced mental and emotional disorders in the adult age range. Inconsistent with a previous study argues that mental health problems can occur at any age range, depending on the individual's ability to deal with the stressors experienced (21). Mental and emotional disorders are also experienced by residents living in urban and semi-urban areas, with more incidence rates in urban areas. This occurs due to higher population density in

urban areas which results in higher stressor levels so that the population is more accessible. Experiencing stress (22).

The results of other studies show similar results: respondents experience emotional and mental disorders with symptoms of fear, anxiety, tension, worry, and headaches (23). Further research also shows the occurrence of emotional and mental disorders in people who live in East Java during the Covid 19 pandemic. From 20 respondents, the average symptoms of mental disorders were 3.43 in the treatment group and 4.13 in the control group, with signs of headache and loss of appetite. Eating could be unable to sleep well, being easily frightened, anxious, worried, and tense, having indigestion, having difficulty thinking, feeling unhappy, often crying, and having difficulty enjoying life. In addition having difficulty making decisions, neglecting daily tasks, difficulty carrying out daily life roles, losing interest, and feeling worthless also affect. Think about ending your life, feeling tired all the time, uncomfortable in the stomach, and quickly feeling tired every time you do activities (24). Researchers believe that the emergence of several of these symptoms is caused by the respondent's response to the stressor experienced. The existence of unpleasant events during the pandemic, the emergence of news of death circulating on social media, threats to work, the ability to adapt to new habits, and so on. The study's results found that 1 of them experienced signs and symptoms of psychotic disorders. For the statement on the questionnaire regarding the belief that someone wants to harm in a certain way, the belief that there is something unusual in the mind that disturbs hearing voices that are not sourced and other people don't listen to them. Based on this, the respondent felt he heard a voice whose source was unclear. The respondent said he listened to the sound only once in the last month when data were collected.

The results of another study showed that psychotic disorders occurred in a total of 56 respondents. A total of 5 people experienced psychotic symptoms (8.9%) (23). Research studies conducted in Surabaya showed the presence of psychotic disorders in as much as 15.5%. In line with the results of other studies that there are psychotic disorders in private

employees in an agency, as much as 1.8%. This means that out of 58 respondents, one experienced psychotic symptoms (25). The results of this study are supported by the theory, which states that psychosis is a disorder that occurs due to unreality, not in accordance with reality.

Meanwhile, psychosis is a similar disorder but is acute, temporary, and has a better prognosis (26). Researchers argue that the symptoms experienced by respondents are indeed acute. Based on the interview results, the respondent said he only heard the voice once, and only the respondent heard it while the other relatives did not listen to it. The voice that was heard was the voice of the respondent's grandfather, who had died a few weeks ago. The contents of the voice asked how the respondent was doing. Currently, the respondent is also experiencing difficulties due to job loss, so this symptom appears as a result of the respondent's response to the stressor he is experiencing.

The study results on PTSD symptoms were obtained from 231 respondents, 1 of which was PTSD (0.4%). The symptom felt is the emergence of a feeling of being disturbed if you are in an unpleasant situation that reminds you of a disaster that has been experienced. Data from research results from 56 respondents showed 16 people are experiencing PTSD symptoms (28.6%) (23). This is also in line with research that showed PTSD symptoms occurred in 2 respondents out of a total of 57 respondents (3.5%) (Arwidiana dan Jayanti, 2022). A study conducted on students in Surabaya also showed that 29.1% had PTSD. The results of this data are supported by a theory that states PTSD is a stress or anxiety disorder that occurs due to trauma to an event experienced whose symptoms can appear several months or even years after the disaster has passed (26). The researcher argues that the data obtained are in accordance with supporting journals and related theories. This is felt following the feelings experienced by respondents, that respondents feel worried every time an incident or news is heard resembling events that respondents have experienced, namely events where they feel like victims of riots and the house was almost burned in the incident.

The data from the bivariate test between new habit adaptation and emotional and

mental disorders obtained a p-value of 0.004 ($p < 0.05$) which means that there is a relationship between new habit adaptation and emotional and mental disorders. The test results between new habit adaptation and psychotic disorders showed no significant association with a p-value of 0.700 ($p \geq 0.05$). Therefore, the results of the relationship between new habits adaptation and PTSD showed that there was no significant relationship with a p-value of 0.700 ($p \geq 0.05$). A previous study states that PTSD occurs due to trauma to an event (27). A research study on students at the University of Pittsburgh showed no relationship between lifestyle and mental health during the COVID-19 pandemic (28). The difference in the results of this study is due to the research conducted by Giuntella et al. (2021). Mental health measured depression, assessing helplessness, loneliness, anxiety, resistance, and life satisfaction experienced during the Covid-19 pandemic. In contrast, the lifestyle measured was living habits pandemic by assessing physical activity during the Covid-19 pandemic (28).

Other research studies that align with this study's results state that there is a relationship between habitual adaptation that occurs during the Covid 19 pandemic with emotions, coping strategies, and psychosocial well-being. During the Covid 19 pandemic, people must adapt their lives to situations affected by social restrictions. During the Covid 19 pandemic (29). In line with an opinion that states that mental health depends on affective states such as stress responses, emotions, impulses, and moods, these conditions will shape how individuals think, feel, and behave (30). Another research result also states that adopting new habits can improve physical and mental health and avoid Covid 19 (31). A study in China on PTSD shows a relationship between psychological distress and the incidence of PTSD during the COVID-19 pandemic mediated by negative coping responses. The results are inconsistent with a previous study that mentioned adapting new habits during the Covid 19 pandemic (27). Another study stated that age was associated with PTSD (32). Nguyen et al. (2022) noted that support from family and friends was associated with the incidence of PTSD (33). Researchers believe that there is no relationship between new habit

adaptation and PTSD caused by PTSD experienced by respondents, which was an event that occurred before the Covid 19 pandemic. Respondents said PTSD they felt had been controlled.

A study in Malaysia showed the occurrence of psychotic disorders due to the Covid 19 pandemic. Patients who experienced psychotic reactions due to being annoyed at hearing the news of death due to Covid 19 became angry, annoyed, and then raged (34-35). the researcher argues that there is no relationship between new habit adaptation and psychosis symptoms because the symptoms experienced by the respondent have been controlled. The experience that occurs to the respondent is also not the result of the respondent suffering from covid 19 but due to the loss of a loved one. Respondents are aware of the symptoms experienced, and there is no change in patients' attitudes, feelings, and deviant behavior (36)

CONCLUSION

Based on the study's results, it can be concluded that there is a relationship between the Adaptation of New Habits and Mental Emotional Disorders with a p-value of 0.004 ($p \leq 0.05$). There is no significant relationship between the Adaptation of New Habits and Psychotic Disorders, with a p-value of 0.700 ($p \geq 0.05$). There is also no significant relationship between Adaptation to New Habits and Post Traumatic Stress Disorder

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Author contribution

The lead researcher and research members have been actively involved in this research, from data collection, proposal preparation, and research implementation to data processing and manuscript preparation

Conflict of interest

No Conflict of interest

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